REMARKS

Claims 2-5, 7-10, 13-16 and 18-21 were pending. Claims 7 and 18 are cancelled by the present amendment; claims 2 and 13 are currently amended; and new claims 24-35 are added. Accordingly, claims 2-5, 8-10, 13-16, 19-21 and 24-35 are pending and presented for examination.

Claim 2 is amended to recite a method for reducing sepsis-associated lethality in a mammal that develops sepsis; the method includes administering TCF-II before onset of sepsis in the mammal. Support for the amendment to claim 2 is found in the originally-filed application at least, for example, at page 8.

Claim 13 is amended to recite a method for reducing LPS-induced bacterial translocation in the intestine in a mammal exposed to a trigger for LPS-induced bacterial translocation; the method includes administering TCF-II after exposure of the mammal to the trigger for LPS-induced bacterial translocation. Support for the amendment to claim 13 is found in the originally-filed application at least, for example, at pages 2, 8 and 9.

Support for new claims 24-27 is found in the originally-filed application at least, for example, at pages 3 and 8. Support for new claims 28-30 is found in the originally-filed application at least, for example, at pages 3, 8 and 9. Support for new claims 31-35 is found in the originally-filed application at least, for example, at page 8.

Applicants submit that the amendments introduce no new matter.

Telephonic interview

Applicants thank Examiner Duffy for the telephonic interview of September 2, 2003. Applicants have attempted, in this paper, to reflect the substance of the telephonic interview, and believe that all pending claims are now in condition for allowance.

Claim rejections under 35 U.S.C. § 102

Claims 2-5, 7-10, 13-16 and 18-21 stand rejected under 35 U.S.C. § 102 as allegedly anticipated by U.S. Patent No. 5,714,461 ("Masunaga"). Claims 7 and 18 are cancelled. Applicants traverse this rejection as maintained against the pending claims.

Claims 2-5, 8-10 and 34-35 relate to a method for reducing sepsis-associated lethality in a mammal that develops sepsis; the method includes administering TCF-II before the onset of sepsis. Masunaga does not teach reducing sepsis-associated lethality in a mammal that develops sepsis and does not teach administering TCF-II before onset of sepsis in the mammal. Accordingly, Applicants submit that Masunaga cannot anticipate any of claims 2-5, 8-10 and 34-35.

Claims 13-16 and 19-21 relate to a method for reducing LPS-induced bacterial translocation in the intestine in a mammal exposed to a trigger for LPS-induced bacterial translocation; the method includes administering TCF-II to a mammal after exposure of the mammal to the trigger for LPS-induced bacterial translocation. The present application describes various triggers for bacterial translocation, including burns, surgery and total parenteral nutrition. Masunaga does not teach reducing LPS-induced bacterial translocation in the intestine in a mammal exposed to a trigger for LPS-induced bacterial translocation and does not teach administering TCF-II to a mammal after exposure of the mammal to the trigger for LPS-induced bacterial translocation. Accordingly, Applicants submit that Masunaga cannot anticipate any of claims 13-16 and 19-21.

New claims 24-27 relate to a method for reducing sepsis-associated lethality in a mammal exposed to a trigger for sepsis; the method includes administering TCF-II to the mammal prior to exposure to the trigger for sepsis. The present application describes various triggers for sepsis, including burns, surgery, cancer, AIDS, radiotherapy, chemotherapy and total parenteral nutrition. Masunaga does not teach administering TCF-II to a mammal to be exposed to a trigger for sepsis prior to the exposure to the trigger for sepsis. Accordingly, Applicants submit that Masunaga cannot anticipate any of claims 24-27.

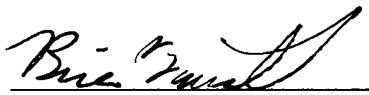
New claims 28-30 relate to a method for reducing LPS-induced bacterial translocation in the intestine in a mammal exposed to a trigger for LPS-induced bacterial translocation; the method includes administering TCF-II to the mammal prior to exposure of the mammal to the trigger for LPS-induced bacterial translocation. Masunaga does not teach administering TCF-II to a mammal to be exposed to a trigger for sepsis prior to exposure of the mammal to the trigger. Accordingly, Applicants submit Masunaga cannot anticipate any of claims 28-30.

New claims 31-33 relate to a method for reducing sepsis-associated lethality in a surgery patient; the method includes administering TCF-II to the surgery patient. Masunaga does not teach administering TCF-II to a surgery patient. Accordingly, Applicants submit Masunaga cannot anticipate any of claims 31-33.

CONCLUSION

Claims 2-5, 8-10, 13-16, 19-21 and 24-35 are pending and presented for consideration. The Examiner is encouraged to contact the undersigned to discuss any outstanding issues.

Respectfully submitted,



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